PHYSICIAN SERVICES

REGULATORY FOCUS BULLETIN

FILE TOPIC: Physician Services

Is it required that physicians sign anything other than orders and progress notes when they visit the facility (e.g., care plans)? If so, please provide the regulation, interpretive guidelines, and/or surveyor probe/procedure.

No. Tag F 386 states, "The physician must write, sign, and date progress notes at each visit, and sign and date all orders." The interpretive guidelines for this tag state that the physician may transmit orders by facsimile machine if certain conditions are met. One condition is that the physician should have signed the original copy. It is not necessary for a physician to re-sign the facsimile order when he/she visits the facility. The interpretive guidelines for tag F 385 state that a physician must participate in care planning, but do not require that the care plan be signed by a physician.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Physician Services

When standing orders are initiated per facility policy that have been previously approved by medical staff in an individualized manner on the resident's medical record, is it necessary to fill out and have a physician sign a telephone order slip?

No.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Physician Services

Is it necessary to have a specific order for giving a medication with juice?

No, if this does not conflict with the facility's policies, dietary restrictions or physician's orders. There are certain medications that should not be given with juices or other liquids and these should be addressed according to manufacturer's instructions.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Physician Services

What are acceptable procedures for obtaining admission orders?

Medications and other orders should be verified with the attending physician upon admission.

Under what circumstances can orders on a hospital discharge summary or transfer form be acceptable?

Discharge medications on the summary or transfer form are acceptable after verification by the attending physician and transferred to the record containing current orders.

Do admission orders have to be signed by the physician on the day of admission?

Admission orders do not have to be signed by the physician on the day of admission. They can be treated like telephone orders.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Physician Services

Can a stamp be used for the physician's signature on physician's orders?

Yes. When rubber stamp signatures are authorized by the facility's management, the individual whose signature the stamp represents shall place in the administrative offices of the facility a signed statement to the effect that he/she is the only one who has the stamp and uses it. Written signatures must be readily available and maintained under adequate safeguards. (42 CFR §483.40(b) Interpretive Guidelines)

REGULATORY FOCUS BULLETIN

FILE TOPIC: Physician Services

What is the physician's role in resident care planning? How often must he/she participate or be present?

Federal Guidelines indicate, "The regulation requires the attending physician to participate in the preparation of a plan of care, but it does not require the attending physician to participate in a meeting. The attending physician can accomplish this participation in a meeting or in a number of other ways (e.g. written, telephone or facsimile communications). He or she does not actually have to attend a meeting of the interdisciplinary team. There may be occasions when the physician decides to meet with other health professionals to discuss a particular case, but this will be at the option of the physician."

REGULATORY FOCUS BULLETIN

FILE TOPIC: Physician Services

Is a doctor's order necessary for supplements?

Supplements are defined as those products commercially available or prepared in the facility that are provided to meet a specific nutritional need of the resident.

There is no regulatory basis for requiring a physician's order for supplements. Facility policy must address this issue, and facilities may choose to require such orders. The alternative is to allow the recommendation to be made by the dietitian or by the resident care planning committee.

The following factors need to be considered in determining the appropriate supplement for the resident: the disease process (i.e. diabetes, chronic obstructive pulmonary disease, renal failure, etc.), therapeutic diet if applicable, presence of decubiti, resident's tolerance level, etc.

Bulk (i.e. HS Snacks) nourishments are those items (food and/or drink) which are available and routinely offered to all residents.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Physician Services

Some facilities are faxing physician's orders to physicians for their signature, and then the signed order is faxed back. Does the original signature need to be on file?

According to interpretive guidelines at §483.40(b), physician orders may be transmitted by facsimile machine if the following conditions are met:

- The physician should have signed and retained the original copy of the order from which the facsimile was transmitted and be able to provide it upon request. Alternatively, the original may be sent to the facility later and substituted for the facsimile.
- The facility should photocopy the faxed order since some facsimiles fade over time. The facsimile copy can be discarded after the facility photocopies it.
- A facility using such a system should establish adequate safeguards to assure that it is not subject to abuse.
-

It is not necessary for a physician to re-sign the facsimile order when he/she visits the facility.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Physician Services

Please clarify the frequency of physician visits in nursing facilities now that there is no distinction in the levels of care due to Omnibus Budget Reconciliation Act '87.

Licensure rule 10 NCAC 13D .2501(b) states, “The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter.”

REGULATORY FOCUS BULLETIN

FILE TOPIC: Physician Services

There is apparent conflict between Resident Rights, 42 CFR §483.10(b)(4), to refuse treatment and frequency of required physician visits, 42 CFR §483.40(c)(1). Since the advent of the Medicare Program in 1966, there has always been the question of requiring physician visits to privately paying residents at fixed intervals. Now, with the aforementioned paradox in mind, the question can be asked if program residents and/or private residents can refuse physician visits at the specified intervals.

Federal regulation 42 CFR §483.10(b)(4) provides that the long term care facility resident has the right to refuse physician visits that would otherwise be made in accordance with the prescribed schedule in 42 CFR §483.10(c)(1). It is expected that a facility should be able to provide evidence of the resident's refusal of such treatment in a manner that would substantiate that the refusal is, in fact, made at the resident's own initiative. Whenever a resident refuses treatment, it is expected that the facility will assess the reasons for the resident's refusal, clarify and educate the resident as to the consequences of refusal, offer alternative treatments, and continue to provide all other services. All of this information needs to be documented.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Physician Services

If a resident cannot locate a physician to accept him/her as a resident, is the medical director required to add that resident to his/her practice?

No. The medical director is not required to accept a resident into his/her practice because that resident cannot locate a personal physician. Facility staff should make reasonable efforts to assist the resident in locating a physician. 42 CFR §483.75(i)(2)(ii) states, "The medical director is responsible for the coordination of medical care in the facility." The medical director's role would include oversight and supervision of physician services and in this case oversight and/or consultation to facilitate the facility's assistance to the resident.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Physician Services

Define "Physician current orders must be present in the medical record."

Current orders would be any orders that have been prescribed and not discontinued by the physician, automatic stop orders or facility policies.

Can a list of orders be placed on the record to be signed by the physician on his next visit?

Yes, as long as the physician's visit is at least every 30 days for the first 90 days after admission and at least every 60 days thereafter. State and federal regulations require physician visits which include review of the resident's total program of care every 60 days.

Must a list of orders be recopied or reprinted for the attending physician to sign?

There is no specific licensure or certification requirement that physician orders be recopied and reprinted. Licensure rule 10 NCAC 13D .2301(c) states, "All current orders shall be signed and dated by the physician at the time of each visit at least every 60 days." The facility is to have an organized system or procedure that facilitates the review and signing of orders.

Can the attending physician renew orders for signing and dating with a statement "renew current orders?"

A signed and dated statement "renew current orders" is not valid unless preceded by a list of current orders. A recapitulation of current orders is signed and dated every 60 days or each entry (physician's order) is signed and dated every 60 days.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Physician Services

Regulations state that facility policy must include notifying the attending physician when a resident expires. If the resident expires at such a time that someone other than the attending physician pronounces the death, can notification of the attending physician wait until the next routine business day?

Yes. Regulations do not specify timing of notification. Licensure rule 10 NCAC 13D .2901(4) states, "The facility shall have a written plan to be followed in case of resident death. The plan shall provide for the following: (4) notification of the attending physician responsible for signing the death certificate."

REGULATORY FOCUS BULLETIN

FILE TOPIC: Physician Services

Are physical exams by the attending physician required annually?

There is no regulatory requirement for nursing home residents to have annual physical examinations performed by their attending physician. However, the physician's involvement in the resident assessment process is required. The physician's involvement in the annual comprehensive assessment and care planning process is addressed at 10 NCAC 13D .2301(c) and 42 CFR §483.20(d)(2), tag F280.

Please note that in combination homes, the residents of the adult care home portion of the facility are required to have annual medical examinations as referenced in (10 NCAC 13F .7003 (b).

REGULATORY FOCUS BULLETIN

FILE TOPIC: Physician Services

Please clarify the discrepancy between OBRA regulations (Certification and Licensure) concerning when and what kind of visits PAs/NPs may make and when physicians are required to visit.

Federal regulation 42 CFR §483.40(c) tag F387 states, "The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required."

Licensure rule 10 NCAC 13D .2501(b) states, "Residents shall be seen by a physician at least once every 30 days for the first 90 days and at least every 60 days thereafter. Following the initial visit, the physician may delegate this responsibility to a physician assistant or nurse practitioner every other visit. A physician's visit is considered timely if the visit occurs not later than 10 days after the visit was required.

Required physician visits, after the initial visit, may alternate between personal visits by the physician and visits by a physician extender (i.e., physician assistant, nurse practitioner, or clinical nurse specialist) so long as the physician extender meets all applicable state licensure or certification requirements for that profession, is acting within the scope of practice for that profession under state law, and is under the supervision of the physician.

NOTE: In North Carolina, clinical nurse specialists do not have the authority to perform medical acts.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Physician Services

If physicians dictate their progress notes, must they make an entry that they visited and "note dictated" in the medical record at the time of the visit?

The physician is obligated to document when a visit is made and what transpired during that visit. There is no time requirement regarding when that note must appear on the chart. Typed notes have the advantage of being legible and often include greater detail than a handwritten entry. As a courtesy to the staff, many physicians make a very brief notation stating a dictated note will follow. Such entries prove particularly valuable if the dictation is delayed or lost. There is no requirement that the physician make a written entry at the time a note is dictated.